

EXHIBIT NO.

2

DATE:

2/8/13

BILL NO.

SB 254

February 8, 2013

Dear Chairman Priest and Members of the Senate Public Health, Welfare and Safety Committee:

My name is Elizabeth Jones and I am working with Disability Rights Montana to examine the strengths and needs of Montana's community-based system of supports for adults with an intellectual disability and, in some instances, a mental illness.

The strength of the community system in Montana is an essential consideration in creating alternatives to the institutional setting at the Montana Developmental Center.

The intent of SB 254 is entirely consistent with accepted practice in the field of mental disability. Eleven states have closed all of their institutions and other states, such as Georgia and Virginia, are in the process of developing community-based alternatives to their State Hospitals and Training Centers under Settlement Agreements with the federal Department of Justice.

I have made a brief site visit to the Montana Developmental Center, reviewed relevant documents, and have met with Department and provider agency leadership.

Based on these discussions, and on my more than thirty years of experience in this field, I would offer the following considerations as you deliberate regarding this Bill:

1. Planning for the strengthening of the community system should proceed on two parallel tracks. There should be a careful review of the community supports needed for each individual at the Montana Developmental Center. This review would benefit from the inclusion of experienced community providers, clinicians with expertise in behavioral supports, direct support staff who know the individual, and his/her family or significant others. Planning on an individual basis would ensure that the necessary supports are identified and funded and would provide aggregate data regarding the overall need for certain supports.

At the same time, the availability of crisis services in the community requires further analysis and remedial action. It is clear from my discussions that an adequate array of crisis services does not yet exist. Planning for these critical supports should include all stakeholders, including law enforcement officials.

By addressing individual and systemic issues concurrently, community service development can proceed expeditiously.

February 8, 2013

Dear Chairman Priest and Members of the Senate Public Health, Welfare and Safety Committee:

My name is Elizabeth Jones and I am working with Disability Rights Montana to examine the strengths and needs of Montana's community-based system of supports for adults with an intellectual disability and, in some instances, a mental illness.

The strength of the community system in Montana is an essential consideration in creating alternatives to the institutional setting at the Montana Developmental Center.

The intent of SB 254 is entirely consistent with accepted practice in the field of mental disability. Eleven states have closed all of their institutions and other states, such as Georgia and Virginia, are in the process of developing community-based alternatives to their State Hospitals and Training Centers under Settlement Agreements with the federal Department of Justice.

I have made a brief site visit to the Montana Developmental Center, reviewed relevant documents, and have met with Department and provider agency leadership.

Based on these discussions, and on my more than thirty years of experience in this field, I would offer the following considerations as you deliberate regarding this Bill:

1. Planning for the strengthening of the community system should proceed on two parallel tracks. There should be a careful review of the community supports needed for each individual at the Montana Developmental Center. This review would benefit from the inclusion of experienced community providers, clinicians with expertise in behavioral supports, direct support staff who know the individual, and his/her family or significant others. Planning on an individual basis would ensure that the necessary supports are identified and funded and would provide aggregate data regarding the overall need for certain supports.

At the same time, the availability of crisis services in the community requires further analysis and remedial action. It is clear from my discussions that an adequate array of crisis services does not yet exist. Planning for these critical supports should include all stakeholders, including law enforcement officials.

By addressing individual and systemic issues concurrently, community service development can proceed expeditiously.

To: Chairman Priest and Members of the
Senate Public Health, Welfare and Safety Committee
Re: Testimony for SB 254
Date: February 8, 2013

2. Development, adequate funding, and implementation of the essential components of crisis services should proceed without delay. These components will likely include mobile crisis teams, specialized Assertive Community Treatment teams and crisis stabilization units.

When these supports are firmly established, the question of “secure beds” can be put into the proper perspective. The need for such beds is strongly linked to the availability and adequacy of other community services.

Over the last thirty years, there are repeated examples of mistaken assumptions about who can be supported outside of an institution. We know now that the provision of individualized supports will enable individuals with complex medical and/or behavioral needs to live in community settings. We know that individuals with criminal convictions can live successfully in the community with proper supports and supervision. Our past views of what is possible have changed with time, research, and experience.

3. The Department of Public Health and Human Services and the current community provider agencies should work together to ensure that any concerns about the availability of a workforce with the required knowledge and performance competences are addressed state-wide.

Over the years, individuals with challenging behaviors have been discharged from the Montana Developmental Center into responsible and responsive community provider agencies. A considerable amount of expertise already is present in Montana’s community system; this is a tremendous resource for future efforts to expand community supports.

At the same time, institutional staff, certainly including Direct Support Professionals, have important experience and expertise to contribute. Deliberate effort should be made to include them. The participation of labor union representatives on the Transition Planning Committee will be valuable.

In two states where alternatives to institutional settings were created in the early 1980’s, Massachusetts and Rhode Island, institutional workers and their unions were an integral part of the development of new community services and were specifically trained for the change from outdated models of habilitation to more contemporary practices.

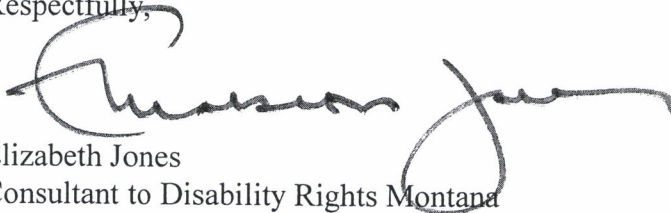
Finally, again based on my conversations, the need for leadership and a meaningful partnership among all stakeholders in this reform effort cannot be overstated.

To: Chairman Priest and Members of the
Senate Public Health, Welfare and Safety Committee
Re: Testimony for SB 254
Date: February 8, 2013

Montana has the opportunity now to strengthen its community systems of support and to move further towards the meaningful integration of people with a disability into their communities. The foundation and the will to accomplish this reform are present and are waiting for the resources to move forward without further delay.

Thank you very much for the opportunity to address the Committee. If I can be of any assistance, I would be very pleased to do so.

Respectfully,

A handwritten signature in dark ink, appearing to read "Elizabeth Jones", with a large, stylized flourish extending to the right.

Elizabeth Jones
Consultant to Disability Rights Montana